

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | | |
|---|-----------------------------------|-------------------------------------|---|------------------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>4-23-04</u> | | 2 Serial/Patent # <u>101813,562</u> | | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | |
| <input type="checkbox"/> | Filing | | | \$ | | | | | | | |
| <input type="checkbox"/> | Amendment | | | \$ | | | | | | | |
| <input type="checkbox"/> | Extension of Time | | | \$ | | | | | | | |
| <input type="checkbox"/> | Notice of Appeal/Appeal | | | \$ | | | | | | | |
| <input checked="" type="checkbox"/> | Petition | <u>None</u> | <u>8-19-04</u> | \$ <u>130.00</u> | | | | | | | |
| <input type="checkbox"/> | Issue | | | \$ | | | | | | | |
| <input type="checkbox"/> | Cert of Correction/Terminal Disc. | | | \$ | | | | | | | |
| <input type="checkbox"/> | Maintenance | | | \$ | | | | | | | |
| <input type="checkbox"/> | Assignment | | | \$ | | | | | | | |
| <input type="checkbox"/> | Other | | | \$ | | | | | | | |
| | | 7 TOTAL AMOUNT OF REFUND | | \$ <u>130.00</u> | | | | | | | |
| | | 8 TO BE REFUNDED BY: | | | | | | | | | |
| | | <input type="checkbox"/> | Treasury Check | | | | | | | | |
| | | <input checked="" type="checkbox"/> | Credit Deposit A/C #: | | | | | | | | |
| | | 9 | <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>5</td><td>0</td><td>--</td><td>2</td><td>5</td><td>8</td><td>7</td> </tr> </table> | | 5 | 0 | -- | 2 | 5 | 8 | 7 |
| 5 | 0 | -- | 2 | 5 | 8 | 7 | | | | | |
| 10 REASON: | | | | | | | | | | | |
| <input type="checkbox"/> | Overpayment | | | | | | | | | | |
| <input type="checkbox"/> | Duplicate Payment | | | | | | | | | | |
| <input checked="" type="checkbox"/> | No Fee Due (Explanation): | | | | | | | | | | |
| <u>PTO lost the paper</u> | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>Paul Szagalski</u> | | TITLE: <u>Attorney</u> | | | | | | | | | |
| SIGNATURE: <u>[Signature]</u> | | PHONE: <u>305-0011</u> | | | | | | | | | |
| OFFICE: <u>Office of Petitions</u> | | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | | |
| APPROVED: <u>[Signature]</u> | | DATE: <u>9/24/04</u> | | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**